DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **779-14-008**
Organization Name: **Open Arms Family Services, Inc.**

Date of Inspection: **07-18-2022**
Program Type/Facility Name: **14-008 Omega I Residential Service**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (7) - The records of each employee shall include: 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Employee #1 and Employee #2's personnel files revealed that there was no documented evidence of the employees' written disclosure statement, which is a requirement of Virginia laws regarding child protective services and criminal history background investigations.	PR) 08/05/2022 The Executive Secretary is responsible for filing the Disclosure statement in the new hires Employee Personnel file during the hiring process. The Regional Manager is responsible for completing the Disclosure Statement with the new hire during the background check process. The Executive Secretary is responsible for filing the signed Disclosure Statement in the new hires personnel file. The Administrative Team will participate in an in-service to retrain on the current background procedures. OLR) Accepted 08/19/2022	8/11/2022
12VAC35-46-310. A. (4) - Required initial training: 4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file revealed that the employee's CPR and first aid training had expired on 7/14/22, so the employee no longer has a current certification in CPR and first aid.	PR) 08/05/2022 The employee was scheduled for CPR and First Aid training and failed to attend the training scheduled prior to his expiration date. The employee has been reprimanded and has completed his required training. I have attached a copy for your review. OLR) Accepted 08/19/2022	8/8/2022

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12VAC35-46-310. B. (2) - Required annual retraining: 2. All staff who administer medication shall complete annual refresher medication training.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Employee #1 and Employee #2's personnel files revealed that there was no documented evidence that the employees had received annual refresher medication training, and they both administer medications in the group home. Employee #1's last documented medication training in the record was completed on 9/29/18, and Employee #2's last documented medication training was completed on 5/15/20.	PR) 08/11/2022 The Program Director is responsible for scheduling trainings and annual re-trainings. The Executive Secretary is responsible for maintaining employee personnel audit sheets. The Program Director and Executive Secretary have revised the employee personnel file audit sheet to include annual retraining on Medication Aide. I have attached a copy for your review. The Program Manager will schedule Medication Training with Juanita Tucker. OLR) Accepted 08/19/2022	8/29/2022
12VAC35-46-310. B. (3) - Required annual retraining: 3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file revealed that there was no documented evidence that the employee had received annual retraining on the provider's behavior supports, which includes Crisis Wave, and is the training that the provider utilizes. Employee #2's Crisis Wave training expired on 7/14/22.	PR) 08/11/2022 This employee was reprimanded for not attending scheduled trainings and was not allowed to return to work until he attended the required trainings on 7/14/22 and 7/19/22. The Program Director is responsible for being aware of trainings that have expired and will work with the Program Manager to get any group home staffs' shift covered until they have shown proof that they have fulfilled the training. OLR) Accepted 08/19/2022	8/11/2022

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12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: During an onsite inspection on 7/18/22, it was observed that the following items in the interior of the group home were not in good working order: • There were exposed wires coming from an outlet at the base of the floor in the front living room • Individual #2's bedroom had a dresser with a broken drawer	PR) 08/09/2022 All DSP's will attend a staff meeting to be retrained on the upkeep and routine maintenance of the entire house to include informing the Program Manager and/or Program Director of broken furniture. The room has recently been rearranged revealing the outlet cover to the cable box that is no longer in use. That service has been disconnected. The Program Director will contact the maintenance person to remove the box and cut the wires out of the wall. OLR) Accepted 08/19/2022	8/25/2022
12VAC35-46-730. A. - At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #1's service record revealed that the individual's face sheet was missing the religious preference of the resident, as there was no documented evidence of this information on the form.	PR) 08/09/2022 The Program Director revised the Face Sheet in January 2022 and failed to include Religious Preference of the Resident which was on the previous Face Sheet. The Regional Manager and/or designee will be responsible for reviewing revised working forms prior to the being introduced into circulation to be used by staff. OLR) Accepted 08/19/2022	8/11/2022

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12VAC35-46-740. - Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #1's service record revealed that there was no documented evidence in the group home of the individual's initial plan of care with individualized and measurable objectives and strategies for the first 30 days of admission for the resident. The provider was able to show documented evidence of the initial plan of care for Individual #1 at the provider's separate office location, but there was no evidence of this ISP in the individual's group home for staff to be able to reference.	PR) 08/09/2022 The Program Manager is responsible for monitoring residents' folders and making sure the Individual Plan of Care (IPOC) is filed for DSP's to reference when completing the residents daily progress notes. The Program Director will monitor resident's records to ensure all required documents are completed, signed, and filed in the resident's folder within 3 days. Staff will be retrained on timely submission. OLR) Accepted 08/19/2022	8/25/2022
12VAC35-46-810. B. (1) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 1. Name, address, and telephone number of the physician and dentist to be notified;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #1's service record revealed that there was no documented evidence on the individual's "Emergency Medical Information Form" of the name, address, and telephone number of the physician to be notified in case of an emergency.	PR) 08/18/2022 The Program Director and designee are responsible for monitoring residents' folders and making sure the residents have a scheduled appointment to meet any of their medical needs identified at the time of admission to include a dentist within 3 days of admission; if documentation is not submitted at the time of admission. The Program Director will monitor resident's records to ensure all required documents are completed, signed, and filed in the resident's folder within 3 days. The Program Director and Program Manager will be retrained on timely submission and completion of admission documents. OLR) Accepted 08/19/2022	8/25/2022

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12VAC35-46-840. B. - Within seven days of placement, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening assessment may be no older than 30 days.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #1 and Individual #2's service records revealed that there was no documented evidence that the provider had obtained a screening assessment for tuberculosis for each resident within seven days of placement.	PR) 08/18/2022 The Program Director and designee are responsible for monitoring residents' folders and making sure the residents have a completed TB screening at the time of admission. The Program Director will monitor resident's records to ensure all required documents are completed, signed, and filed in the resident's folder within 3 days. The Program Director and Program Manager will be retrained on timely submission and completion of admission documents. OLR) Accepted 08/19/2022	8/29/2022
12VAC35-46-840. C. - A screening assessment for tuberculosis shall be completed annually on each resident as evidenced by the completion of a form containing, at a minimum, the elements of the Report of Tuberculosis Screening form published by the Virginia Department of Health.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's service record revealed that there was no documented evidence that the provider had obtained a screening assessment for tuberculosis for the individual at least annually, as the resident has been living at the group home for over a year.	PR) 08/18/2022 The Program Director and designee are responsible for monitoring residents' folders and making sure the residents have a completed TB screening at the time of admission and screened at least annually. The Program Director will monitor resident's records to ensure all required documents are completed, signed, and filed in the resident's folder prior to the date the TB Screening need to be updated. The Program Director and Program Manager will be retrained on timely submission and completion of admission documents as well as annual TB Screenings.. OLR) Accepted 08/19/2022	8/29/2022

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12VAC35-46-840. G. - Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to respite care facilities.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's service record revealed that there was no documented evidence of an annual examination by a licensed dentist for the individual.	PR) 08/18/2022 Individual 2 had an annual dental examine completed in March 2022. It appears this document was misfiled in the resident's record. I have attached a copy for your review. OLR) Accepted 08/19/2022	8/18/2022
12VAC35-46-850. E. - A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #1's medications and medication administration record (MAR) revealed that there was no documented evidence that the provider had obtained a program of medication for Medication #6, prescribed in writing by a person authorized by law to prescribe medication. There was no evidence of a current physician's order for Medication #6 in the individual's service record.	PR) 08/18/2022 The Program Manager's duty is to complete the MAR at the time of admission. Individual 1# was admitted with medication #6 from his previous placement (aunts residence) but his prescribing doctor did not schedule him a follow-up appointment until 8/25/2022 after the Program Manager scheduled the appointment. Individual #1s' placing agency (RDSS) reported this medication is PRN for sleeping. The Program Manager will obtain documentation from individual #1s' upcoming appointment stating the mediation is PRN and will file the written documentation in the resident's folder. OLR) Accepted 08/19/2022	8/25/2022

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12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's medications and medication administration record (MAR) revealed that Employee #1 did not administer the individual's medications as prescribed. The Licensing Specialist arrived at the group home for an inspection on 7/18/22, and observed that at 10am Employee #1 still had not administered Medication #3, Medication #4, and Medication #5 to Individual #2 and the medications were prescribed to be given at 8am. According to medication administration training, an individual has an administering window of an hour before and an hour after to administer a medication.	PR) 08/18/2022 All DSP's, Direct Service Professionals will be attending Medication Training and Refresher Medication training to properly administer the resident's medication. All DSP's and group home staff who are responsible for administering medication will receive annual refresher training on medication administration. The Program Direct along with the Executive Secretary will inform the staff of when their trainings are due and schedule the training dates accordingly. OLR) Accepted 08/19/2022	9/6/2022
12VAC35-46-850. G. (1) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 1. Date the medication was prescribed;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's medications and medication administration record (MAR) revealed that Medication #2 was physically in the home and on the physician's orders, but the provider did not document the medication on the MAR, to include the date the medication was prescribed.	PR) 08/18/2022 All DSP's, Direct Service Professionals will be attending Medication Training and Refresher Medication training to properly administer the resident's medication. All DSP's and group home staff who are responsible for administering medication will receive annual refresher training on medication administration. The Program Direct along with the Executive Secretary will inform the staff of when their trainings are due and schedule the training dates accordingly. OLR) Accepted 08/19/2022	9/6/2022

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12VAC35-46-850. G. (2) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 2. Drug name;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's medications and medication administration record (MAR) revealed that Medication #2 was physically in the home and on the physician's orders, but the provider did not document the medication on the MAR, to include the drug name.	PR) 08/18/2022 All DSP's, Direct Service Professionals will be attending Medication Training and Refresher Medication training to properly administer the resident's medication. All DSP's and group home staff who are responsible for administering medication will receive annual refresher training on medication administration. The Program Direct along with the Executive Secretary will inform the staff of when their trainings are due and schedule the training dates accordingly. OLR) Accepted 08/19/2022	9/6/2022
12VAC35-46-850. G. (3) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 3. Schedule for administration;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's medications and medication administration record (MAR) revealed that Medication #2 was physically in the home and on the physician's orders, but the provider did not document the medication on the MAR, to include the schedule for administration.	PR) 08/18/2022 All DSP's, Direct Service Professionals will be attending Medication Training and Refresher Medication training to properly administer the resident's medication. All DSP's and group home staff who are responsible for administering medication will receive annual refresher training on medication administration. The Program Direct along with the Executive Secretary will inform the staff of when their trainings are due and schedule the training dates accordingly. OLR) Accepted 08/19/2022	9/6/2022

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12VAC35-46-850. G. (4) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 4. Strength;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's medications and medication administration record (MAR) revealed that Medication #1 was physically in the home and on the physician's orders, but on the MAR the provider did not document the correct strength or dosage of the medication as it was prescribed. AND Review of Individual #2's medications and medication administration record (MAR) revealed that Medication #2 was physically in the home and on the physician's orders, but the provider did not document the medication on the MAR, to include the strength and dosage of the medication.	PR) 08/18/2022 ll DSP's, Direct Service Professionals will be attending Medication Training and Refresher Medication training to properly administer the resident's medication. All DSP's and group home staff who are responsible for administering medication will receive annual refresher training on medication administration. The Program Direct along with the Executive Secretary will inform the staff of when their trainings are due and schedule the training dates accordingly. OLR) Accepted 08/19/2022	9/6/2022
12VAC35-46-850. G. (5) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 5. Route;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's medications and medication administration record (MAR) revealed that Medication #2 was physically in the home and on the physician's orders, but the provider did not document the medication on the MAR, to include the route of the medication.	PR) 08/18/2022 All DSP's, Direct Service Professionals will be attending Medication Training and Refresher Medication training to properly administer the resident's medication. All DSP's and group home staff who are responsible for administering medication will receive annual refresher training on medication administration. The Program Direct along with the Executive Secretary will inform the staff of when their trainings are due and schedule the training dates accordingly. OLR) Accepted 08/19/2022	9/6/2022

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12VAC35-46-850. G. (6) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 6. Identity of the individual who administered the medication;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #2's medications and medication administration record (MAR) revealed that Medication #2 was physically in the home and on the physician's orders, but the provider did not document the medication on the MAR, to include the identity of the individual(s) who administered the medication.	PR) 08/18/2022 ll DSP's, Direct Service Professionals will be attending Medication Training and Refresher Medication training to properly administer the resident's medication. All DSP's and group home staff who are responsible for administering medication will receive annual refresher training on medication administration. The Program Direct along with the Executive Secretary will inform the staff of when their trainings are due and schedule the training dates accordingly. OLR) Accepted 08/19/2022	9/6/2022
12VAC35-46-870. C. - Child care staff other than live-in staff shall not be on duty more than 16 consecutive hours, except in an emergency.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Review of Individual #1 and Individual #2's service records revealed that on 7/8/22 and 7/9/22 Employee #2 worked more than 16 consecutive hours, and there was no evidence that an emergency had occurred. According to the individuals' progress notes, Employee #2 worked a total of 40 consecutive hours providing supervision at the group home on 7/8/22 and 7/9/22. Below is a summary of the signed and dated progress notes that Employee #2 completed for both Individual #1 and Individual #2: • 7/8/22: 2pm-10pm • 7/8/22: 10pm-6am • 7/9/22: 6am-2pm • 7/9/22: 2pm-10pm • 7/9/22: 10pm-6am	PR) 08/09/2022 The Program Manager is responsible for completing staff schedules for 2-week intervals or every 30 days. Employee #2 did in fact work these days due to a DSP not reporting to work due to COVID concerns. Employee #2 was scheduled to work a double (16 hours), but his relief reported being sick and he was scheduled to work 16 hours leaving employee to work his shift running back into employee #2s already scheduled shift on 7/9/2022 at 10pm to 6am. The Program Director and Program Manager concluded that the Program Manager will be required to work at least 8 hours allowing any staff working 16 hours to get a break before returning to work. Group home DSP will participate in a staff meeting and will be notified of the expectation. OLR) Accepted 08/19/2022	8/25/2022

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General Comments / Recommendations:

1. Highly suggest that the provider reassess and potentially revise the current policy related to securing car keys to help prevent future incidents in the future. Currently, staff are keeping the car keys on them while working and not locking them.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Lauren Allen, Investigator	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined